

Prestwick Village Swim Lessons

2009 SWIM LESSON REGISTRATION FORM

PARENTS NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____, ZIP: _____

SWIM CLUB: PRESTWICK VILLAGE

HOME PHONE: _____ WORK PHONE: _____

FATHER'S CELL: _____ MOTHER'S CELL: _____

CHILDS NAME: _____

CHILDS BIRTHDATE: _____ CHILD AGE: _____

Please give a brief description of your child's swim abilities:

Based on the swim lesson brochure, at what level would you place your child in swim lessons?

Which session are you registering for: June Mini Session _____
Tuesday Morning _____
Thursday Evening _____
Saturday Morning _____

Pay By (check one):

Check _____

Member account _____

Member number _____

***Please pay instructor or have your club account billed
Drop off registration at Pool Office or Club Offices**